RESTRICTED DELIVERY CERTIFIED MAIL RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: 09-08-13
Mark Lewis PO Box 421	NOTICE OF PROPOSED ACTION
Ellsworth, Iowa 50075	DELVO GA EVON
Certification: B-05-303-08	REVOCATION

Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to **REVOKE** your EMS certification identified above.

The department may revoke an EMS certification when it finds that the certificate holder has committed any of the following acts or offenses:

Failure to comply with a subpoena issued by the department or failure to cooperate with an investigation of the department. $IAC\ 641-131.7(2)h$

Willful or repeated violations of Iowa Code Chapter 147A or these rules. IAC 641—131.7(2)s Specifically:

A group of individual certificate holders will be audited for each certification period. Certificate holders to be audited will be chosen in a random manner or at the discretion of the bureau of EMS. Falsifying reports or failure to comply with the audit request may result in formal disciplinary action. Certificate holders who are audited will be required to submit verification of continuing education compliance within 45 days of the request. IAC 641—131.4(6)i

Falsifying certification renewal reports or failure to comply with the renewal audit request. $IAC\ 641-131.7(2)v$

Failure to respond within 30 days of receipt, unless otherwise specified, of communication from the department which was sent by registered or certified mail. $IAC\ 641-131.7(2)ab$

The following incidents resulted in issuance of this proposed action:

On March 2, 2009, you completed an Affirmative Renewal Application for certification B-05-303-08. During the renewal process, you indicated that you had completed 24 hours of continuing education during the current certification period, that at least 12 of those hours were designated as formal education, and that you had a current course completion card in cardiopulmonary resuscitation, AED and obstructed airway procedures for all age groups according to recognized national standards.

Your certification was audited pursuant to IAC 641—131.4(4)i. On July 3, 2009, you received an audit request instructing you to submit audit information within 45 days. As of the date of this notice, you have failed to submit the requested information.

You have the right to request a hearing concerning this notice of disciplinary action. A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, 321 E 12th St, Des Moines, Iowa 50319. If the request is made within the twenty (20) day time limit, the proposed action is suspended pending the outcome of the hearing. Prior to or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.

Kirk E. Schmitt

EMS Bureau Chief

Date

2/4/2010